

**IN THE PROBATE COURT OF HALL COUNTY  
STATE OF GEORGIA**

Estate of:

\_\_\_\_\_

Estate Number: E-2\_\_ - \_\_\_\_\_

Deceased.

**O.C.G.A. §53-5-8(b) Filing**

I, \_\_\_\_\_, Personal Representative of the above-named estate, have served the beneficiaries named in the will as follows:

	Name	Date	Service Type		
			Waiver	Mail	Search
1.	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Instructions:***

1. *List each beneficiary in the will and check the box for their method of service. Include the date of service. (If there are more than 5 beneficiaries, attach a second page.)*
2. *Attach a copy of the waiver they signed or the notice you mailed for each beneficiary.*
3. *Attach a copy of the return receipt showing certified mailing if you sent notice.*
4. *If you do not know where a beneficiary is and cannot find them, search for them and attach an Affidavit of Diligent Search explaining your efforts.*
5. *File this with the court within 60 days of your date of appointment. (Filing fees of \$15.00, plus \$2.00 per page are required.)*

*If you fail to do each of these things, the court may cite you to appear and show cause why your Letters Testamentary should not be revoked.*

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

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**Estate of:**

\_\_\_\_\_  
**Deceased.**

**Estate Number: E-2\_\_ - \_\_\_\_**

**O.C.G.A. §53-5-8(b) Notice**

**To Beneficiary:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

This is to serve as notice to the above-named beneficiary that the undersigned has been appointed Personal Representative of the above-named estate and may be contacted at:

**Personal Representative Information #1:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Personal Representative Information #2:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personal Representative #1

\_\_\_\_\_  
Signature of Personal Representative #2

*\*If there are more than 2 Personal Representatives, please attach a second page.\**